PART B - FEE(S) TRANSMITTAL

Complete and send this former together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

JUN 072010

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further the properties of the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23117

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03/08/2010

NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name	
(Signature	<u> </u>
(Date	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/534,468	05/11/2005	Mohammed Ghanbari	36-1902	7012

TITLE OF INVENTION: TRANSMISSION OF VIDEO

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/08/2010
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
SENFI, BEHROOZ M 2621		2621	375-240030	•		•
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attornively, e firm (having as a membigent) and the names of urneys or agents. If no names	era 2	Vanderhye P.C.
recordation as set fort (A) NAME OF ASSI BRITISH TELE	hin 37 CFR 3.11. Comp GNEE COMMUNICATIONS	ified below, no assignee pletion of this form is NO public limited categories (will not be pr	_	assignment.	'RY)	
4a. The following fee(s) Silssue Fee Publication Fee (N) Advance Order	No small entity discount p		D. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo	d. Form PTO-2038 is atta	iched.	·
	s SMALL ENTITY state	is. See 37 CFR 1.27.	b. Applicant is no long			1071
Authorized Signature		M			2000 NGU1 80000007	

This collection of information is required by 3 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain or retain a benefit by 1 CFR 1.311. The information is required to obtain a benefit by 1 CFR 1.311. The information is required to obtain a benefit by 1 CFR 1.311. The information is required to obtain a benefit by 1 CFR 1.311. The information is

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